

Pro Se Litigant, Leland Yoshitsu
1709 Martin Luther King Jr Way
Berkeley, CA 94709

United States District Court
Northern District of California
Oakland Division

FILED
JUL 14 2017
SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND

(5)

Leland Yoshitsu

Plaintiff,

vs.

US Dept of Justice

US Postal Service

US President Barack Obama

The White House Office (F. Michael Kelleher)

Defendant

Case No.:

C17- 3968 SBA

COMPLAINT AGAINST
THE US FEDERAL GOVERNMENT
FOR CONSTITUTIONAL 'RIGHTS'
VIOLATIONS

REQUEST FOR JURY TRIAL

Dated this 14th day of July, 2017

Pro Se Litigant, Leland Yoshitsu
1709 Martin Luther King Jr Way
Berkeley, CA 94709

I. THE PARTIES TO THIS COMPLAINT – THE PLAINTIFF

Leland Yoshitsu

1709 Martin Luther King Jr Way

Berkeley, CA 94709

Alameda County

510-845-2049

lelandshen@gmail.com

I. THE PARTIES TO THIS COMPLAINT – THE DEFENDANTS

1
2
3 1. US Department of Justice – Official Capacity

4 Civil Rights Division

5 950 Pennsylvania Avenue, NW

6 Washington, DC 20530

7 202-514-4609

8
9 2. United States Postal Service – Official Capacity

10 475 L'Enfant Plaza - SW

11 Washington, DC 20260

12 202-268-3251

13 3. US President Barack Obama – Official Capacity

14 The President of the United States

15 1600 Pennsylvania Avenue - NW

16 Washington, DC 20500

17 202-456-1111

18
19 4. The White House Office – Official Capacity

20 F. Michael Kelleher

21 1600 Pennsylvania Avenue - NW

22 Washington, DC 20500

23 202-456-1111

24
25
26
27 **II. BASIS FOR JURISDICTION**

28 A. Under Bivens (403 U.S. 388 – 1971), I, the Plaintiff, am suing Federal Officials for US Constitutional

1 'Rights' Violations:

2 United States Constitution

- 3 1. Amendment I - "...the right of the people... to petition the Government for a redress of grievances"
- 4 2. Amendment VIII - "...nor cruel and unusual punishments inflicted"
- 5 3. Amendment XIV - "...nor deny to any person within its jurisdiction the equal protection of the laws"
- 6 (see: Complaint – page #6)

7 B. Under Bivens, I, the Plaintiff, am suing the Defendants for acting under the color of Federal Law:

- 8 1. On January 20, 2017 at The White House in Washington DC, US President Obama (along with his
- 9 White House Office and his US Dept of Justice) ENDED HIS LEGAL JURISDICTIONAL
- 10 AUTHORITY as the Head of Law Enforcement of the US Federal Government and CAUSED THE
- 11 INJURIES OF VIOLATING Leland Yoshitsu's US Constitutional Rights by not conducting the
- 12 "Criminal Investigations" of "Stolen Mail" and "Mail Fraud" by NBC (with the assistance of the US
- 13 Postal Service).
- 14 2. The written confirmation of "Stolen Mail" and "Mail Fraud" (from Berkeley's Chief of Police Michael
- 15 Meehan) was part of the "new letter" that was "updated" for President Obama at his written request (in
- 16 his written response of "government assistance") to Leland Yoshitsu's written complaint of US
- 17 Constitutional 'Rights' Violations of "Stolen Mail by NBC" through the US Postal Service.
- 18 3. On January 20, 2017 upon vacating the The White House in Washington DC, US President Obama
- 19 INTENTIONALLY AND NEGLIGENTLY VIOLATED HIS US CONSTITUTIONAL OATH to
- 20 "faithfully execute the office of the President of the United States" to "take care that the laws be
- 21 faithfully executed" and CAUSED THE INJURIES OF DENYING Leland Yoshitsu's US
- 22 Constitutional Rights: "...the right of the people... to petition the Government for a redress of
- 23 grievances" for "the equal protection of the laws". (see: Complaint – page #6)
- 24
- 25

26 **VENUE**

- 27 A. The United States District Court for the Northern District of California is the appropriate Court because the
- 28 Plaintiff resides in this district and a substantial amount of acts and omissions giving rise to this lawsuit

1 occurred in this district.

2
3 **INTRADISTRICT ASSIGNMENT**

4 A. This lawsuit should be assigned to the Oakland Division of this Court because a substantial part of the
5 events or omissions which give rise to this lawsuit occurred in Alameda County.

6
7 **III. STATEMENT OF CLAIM**

8 A. The events giving rise to this claim occurred:

9 At The White House in Washington DC on January 20, 2017, US President Barack Obama ENDED HIS
10 OFFICIAL TERM as The President of the United States. (see: Complaint – page #6)

11 B. The date that these events giving rise to this claim occurred:

12 On January 20, 2017 at The White House in Washington DC, US President Barack Obama ENDED HIS
13 OFFICIAL TERM as The President of the United States. (see: Complaint – page #6)

14 C. The facts underlying this claim are:

15 1. On January 20, 2017 at The White House in Washington DC, US President Obama (along with his White
16 House Office and his US Dept of Justice) ENDED HIS LEGAL JURISDICTIONAL AUTHORITY as
17 the Head of Law Enforcement of the US Federal Government and CAUSED THE INJURIES OF
18 VIOLATING Leland Yoshitsu's US Constitutional Rights by not conducting the "Criminal
19 Investigations" of "Stolen Mail" and "Mail Fraud" by NBC (with the assistance of the US Postal
20 Service).

21 2. The written confirmation of "Stolen Mail" and "Mail Fraud" (from Berkeley's Chief of Police Michael
22 Meehan) was part of the "new letter" that was "updated" for President Obama at his written request (in
23 his written response of "government assistance") to Leland Yoshitsu's written complaint of US
24 Constitutional 'Rights' Violations of "Stolen Mail by NBC" through the US Postal Service. (see:
25 Complaint – page #6)

26
27 **IV. INJURIES**

28 A. The injuries sustained related to these events are:

1. On January 20, 2017 at The White House in Washington DC, US President Obama (along with his White House Office and his US Dept of Justice) ENDED HIS LEGAL JURISDICTIONAL AUTHORITY as the Head of Law Enforcement of the US Federal Government and CAUSED THE INJURIES OF VIOLATING Leland Yoshitsu's US Constitutional Rights by not conducting the "Criminal Investigations" of "Stolen Mail" and "Mail Fraud" by NBC (with the assistance of the US Postal Service).
2. The written confirmation of "Stolen Mail" and "Mail Fraud" (from Berkeley's Chief of Police Michael Meehan) was part of the "new letter" that was "updated" for President Obama at his written request (in his written response of "government assistance") to Leland Yoshitsu's written complaint of US Constitutional 'Rights' Violations of "Stolen Mail by NBC" through the US Postal Service.
3. On January 20, 2017 upon vacating the The White House in Washington DC, US President Obama INTENTIONALLY AND NEGLIGENTLY VIOLATED HIS US CONSTITUTIONAL OATH to "faithfully execute the office of the President of the United States" to "take care that the laws be faithfully executed" and CAUSED THE INJURIES OF DENYING Leland Yoshitsu's US Constitutional Rights: "...the right of the people... to petition the Government for a redress of grievances" for "the equal protection of the laws". (see: Complaint – page #6 and Sequence of Injuries – page #8)

V. RELIEF

I, the Plaintiff, would like the Court to grant money damages, interest, and punitive damages for the Stolen and Mishandled Mail requested on the "U.S. Postal Service Registered Mail Application for Indemnity" forms:

REQUEST FOR RELIEF: \$180,000.00 (plus interest & punitive damages)

US Postal Service Registered Mail Application for Indemnity:

- | | | |
|-------------------------------|-------------|-------------------------------------|
| 1. #90558 - Stolen Mail - | \$25,000.00 | (Full/Declared Value - \$25,000.00) |
| 2. #24977 - Mishandled Mail - | \$10,000.00 | (Full/Declared Value - \$10,000.00) |
| 3. #80571 - Mishandled Mail - | \$10,000.00 | (Full/Declared Value - \$10,000.00) |
| 4. #24496 - Mishandled Mail - | \$10,000.00 | (Full/Declared Value - \$10,000.00) |

5. #25410 - Stolen Mail - \$25,000.00 (Full/Declared Value - \$1,000,000.00)
6. #80914 - Stolen Mail - \$25,000.00 (Full/Declared Value - \$1,000,000.00)
7. #61607 - Stolen Mail - \$25,000.00 (Full/Declared Value - \$1,000,000.00)
8. #61608 - Stolen Mail - \$25,000.00 (Full/Declared Value - \$1,000,000.00)
9. #25292 - Stolen Mail - \$25,000.00 (Full/Declared Value - \$1,000,000.00)

(see: Exhibits E to V)

ARTICLE VI – NATIONAL DEBTS

“All debts contracted and engagements entered into ... shall be ... valid against the United States under this Constitution ...”.

COMPLAINT

1. On January 20, 2017 at The White House in Washington DC, US President Barack Obama ENDED HIS OFFICIAL TERM as The President of the United States.
2. On January 20, 2017 at The White House in Washington DC, US President Obama (along with his White House Office and his US Dept of Justice) ENDED HIS LEGAL JURISDICTIONAL AUTHORITY as the Head of Law Enforcement of the US Federal Government and CAUSED THE INJURIES OF VIOLATING Leland Yoshitsu’s US Constitutional Rights by not conducting the “Criminal Investigations” of “Stolen Mail” and “Mail Fraud” by NBC (with the assistance of the US Postal Service).
3. During President Obama’s official term as US President before January 20, 2017 in Washington DC, US President Obama AFFIRMED THE US CONSTITUTIONAL OATH: “... I will faithfully execute the office of the President of the United States, and will,... preserve, protect and defend the Constitution of the United States.”
4. During President Obama’s official term as US President before January 20, 2017 at The White House in Washington DC, US President Obama’s OFFICIAL US CONSTITUTIONAL DUTY (as the Head of Law Enforcement in the US Federal Government to “... faithfully execute the office of the President of the United States”) was to “... take care that the laws be faithfully executed”.

- 1 5. During President Obama's official term as US President before January 20, 2017 at The White House in
2 Washington DC, US President Obama RECEIVED AND RESPONDED (Exhibits A to V and W)
3 (Exhibits X, Y, Z, AA, BB, CC) to Leland Yoshitsu's written complaint of US Constitutional 'Rights'
4 Violations of "Stolen Mail by NBC" (with the assistance of the US Postal Service).
- 5 6. During President Obama's official term as US President before January 20, 2017 at The White House in
6 Washington DC, US President Obama's WRITTEN RESPONSE (Exhibit W) of "government assistance"
7 (through the White House Office – F. Michael Kelleher) to Leland Yoshitsu's complaint of US
8 Constitutional 'Rights' Violations stated: "Dear Leland. Thank you for contacting President Obama ... we
9 hope that the issue you brought to the President's attention has been resolved. However, if YOU **STILL**
10 **NEED HELP WITH A FEDERAL AGENCY**, we are pleased to assist you. Please provide our office with a
11 brief, updated description of your issue. You may mail a new letter to the President ... ". (Webster's
12 Dictionary: "STILL"–"up to the present time")
- 13 7. During President Obama's official term as US President before January 20, 2017 at The White House in
14 Washington DC, US President Obama and the White House Office RECEIVED THE WRITTEN
15 CONFIRMATION (Exhibit Y) of "Stolen Mail" and "Mail Fraud" from Berkeley's Chief of Police
16 Michael Meehan as part of the "new letter" (Exhibit X) that was "updated" for President Obama at his
17 written request (in his written response of "government assistance") to Leland Yoshitsu's written complaint
18 of US Constitutional 'Rights' Violations of "Stolen Mail by NBC" (with the assistance of the US Postal
19 Service).
- 20 8. During President Obama's official term as US President before January 20, 2017 at The White House in
21 Washington DC, US President Obama, the White House Office, and the US Dept of Justice POSSESSED
22 THE LEGAL JURISDICTIONAL AUTHORITY (as the Head of Law Enforcement of the US Federal
23 Government) TO CONDUCT THE "CRIMINAL INVESTIGATIONS" (Exhibits X, Y, Z) for "the equal
24 protection of the laws" after they received the written confirmation of "Stolen Mail" and "Mail Fraud" from
25 Berkeley's Chief of Police Michael Meehan.
- 26 9. During President Obama's official term as US President before January 20, 2017 at The White House in
27 Washington DC, US President Obama, the White House Office, and the US Dept of Justice
28

1 INTENTIONALLY AND NEGLIGENTLY FAILED TO CONDUCT THE "CRIMINAL
2 INVESTIGATIONS" for "the equal protection of the laws" after they received the written confirmation of
3 "Stolen Mail" and "Mail Fraud" from Berkeley's Chief of Police Michael Meehan.

4 10. On January 20, 2017 upon vacating The White House in Washington DC, US President Obama
5 INTENTIONALLY AND NEGLIGENTLY VIOLATED HIS US CONSTITUTIONAL OATH to
6 "... faithfully execute the office of the President of the United States" to "... take care that the laws be
7 faithfully executed" and CAUSED THE INJURIES OF DENYING Leland Yoshitsu's US Constitutional
8 Rights: "...the right of the people... to petition the Government for a redress of grievances" for "... the equal
9 protection of the laws".
10

11 US CONSTITUTIONAL 'RIGHTS' VIOLATIONS

12 The US Constitutional 'Rights' Violations by NBC (with the assistance of the US Postal Service), the US Dept
13 of Justice, the US Postal Service, US President Barack Obama, and The White House Office (F. Michael
14 Kelleher) are:

- 15 1. Amendment I - "...the right of the people... to petition the Government for a redress of grievances"
- 16 2. Amendment IV - "The right of the people to be secure in their... papers... against unreasonable
17 ...seizures"
- 18 3. Amendment V - "...nor shall private property be taken for public use, without just compensation"
- 19 4. Amendment VIII - "...nor cruel and unusual punishments inflicted"
- 20 5. Amendment XIV - "...nor deny to any person within its jurisdiction the equal protection of the laws"
- 21

22 SEQUENCE OF INJURIES

23 The detail and chronological sequence of the past events that have lead to the current injuries (January 20,
24 2017) of US Constitutional 'Rights' Violations are:

- 25 1. NBC (along with the assistance of the US Postal Service) violated my US Constitutional Rights
26 (Amendments IV, V, VIII, & XIV - November 30, 1981 - January 26, 1982) by Stealing my Intellectual
27 Properties (Exhibits E to M) for the Production of Entertainment through the US Postal Service.
28 Berkeley's Chief of Police Michael Meehan's written affirmation of "Stolen Mail" confirms this statement.

- 1 2. The US Postal Service violated my US Constitutional Rights (Amendments I, VIII, & XIV - March 4, 1982)
2 by Committing the CRIMES OF PERJURY AND MAIL FRAUD in their WRITTEN RESPONSE (Exhibit
3 EE) to “my written complaint of improper postal deliveries” (for “Stolen Mail by NBC”). Berkeley’s Chief
4 of Police Michael Meehan’s written affirmation of “Stolen Mail” confirms this statement.
- 5 3. The US Postal Service and the US Dept of Justice violated my US Constitutional Rights (Amendments I,
6 VIII, & XIV - March 9, 1982 – November 29, 1982) by not forwarding, not investigating, and not
7 processing my US Postal Service Insurance Indemnity Claims (Exhibits N to V) for “Stolen Mail by NBC”
8 (as REQUIRED on the “Registered Mail Application for Indemnity - ...this information may be disclosed
9 ...to an appropriate law enforcement authority for investigative or prosecution proceedings, to a
10 congressional office at YOUR REQUEST”).
- 11 4. President Obama and the White House Office violated my US Constitutional Rights (Amendments I, VIII,
12 & XIV - July 25, 2011 – January 20, 2017) by not fulfilling their written obligation “to assist” (me) “with a
13 Federal agency” to resolve my US Postal Service Insurance Indemnity Claims after they received the
14 written confirmation of “Stolen Mail” from Berkeley’s Chief of Police Michael Meehan. The written
15 confirmation of “Stolen Mail” was part of the “new letter” that was “updated” for President Obama at his
16 written request (in his written response of “government assistance”) to Leland Yoshitsu’s complaint of US
17 Constitutional ‘Rights’ Violations of “Stolen Mail by NBC” through the US Postal Service.
- 18 5. President Obama, the White House Office, and the US Dept of Justice violated my US Constitutional Rights
19 (Amendments I, VIII, & XIV - July 25, 2011 – January 20, 2017) by not conducting the “Criminal
20 Investigations” that would finally bring these ISSUES TO JUSTICE after they received the written
21 affirmation of “Mail Fraud” from Berkeley’s Chief of Police Michael Meehan. The written affirmation of
22 “Mail Fraud” was part of the “new letter” that was “updated” for President Obama at his written request
23 (in his written response of “government assistance”) to Leland Yoshitsu’s complaint of US Constitutional
24 ‘Rights’ Violations of “Stolen Mail by NBC” through the US Postal Service.

26 CONCLUSION

27 This is a Federal Complaint for the United States District Court to resolve: Unresolved Hidden Criminal
28 Corruptions in the US Federal Government by the US Federal Government against Legal United States

1 Citizens who have the Legal US Constitutional Rights "...to petition the Government for a redress of
2 grievances" for "the equal protection of the laws" without being the innocent victims of "cruel and unusual
3 punishments inflicted" by the US Federal Government.

4 **SUPREMACY OF THE NATIONAL GOVERNMENT**

5 "This Constitution, and the laws of the United States which shall be made in pursuance thereof; and all treaties
6 made, or shall be made, under the authority of the United States, shall be the supreme law of the land; and the
7 judges in every State shall be bound thereby, anything in the constitution or laws of any State to the contrary
8 notwithstanding."

9 "... All executive and judicial officers ... of the United States ... shall be bound by oath or affirmation to
10 support this Constitution ...".

11 **REQUEST FOR RELIEF**

12 The plaintiff, Leland Yoshitsu, asks the United States District Court for the Northern District of California to
13 Honor our 'Long-Standing' United States Constitution (that was Created and Ratified by our Far-Sighted and
14 Far-Reaching "Founding Fathers") and to Grant this Request for Relief of \$180,000.00 plus interest and
15 punitive damages for US Constitutional 'Rights' Violations.
16

17 

18 Leland Yoshitsu

19 1709 Martin Luther King Jr Way

20 Berkeley, CA 94709

21 510-845-2049

22 lelandshen@gmail.com
23
24
25
26
27
28

RIGHT TO PETITION FOR REDRESS

Dear President Obama:

Please Investigate and (through an Executive Order) have the United States Postal Service pay me the insurance indemnity sum of \$180,000 for nine stolen and mishandled Registered/Insured mailings from November 1981 to January 1982.

The United States Postal Service's brochure (at the top of the following page – mailed directly to me from Washington D.C.) was 'part' of the United States Postal Service's immediate response to my written complaint of improper postal deliveries and it explained the simple procedure of filing for insurance indemnity (and the 'due process' involved in filing "this type of claim"): filed on March 9, 1982.

Having not settled this claim, it is evident that the United States Postal Service clearly intended to violate my contractual rights since the insurance indemnity forms were not forwarded, investigated, and processed, even after (and knowing that), the National Broadcasting Company had violated my Constitutional Rights: 1. Right of the people to be secure in their papers against unreasonable (searches and) seizures and 2. Nor shall private property be taken for public use without just compensation.

Thank you,

Leland Yoshitsu
P.O. Box 4433
Berkeley, California 94704

Exhibit B

Registered Mail

Send irreplaceable articles, regardless of value, and all items of more than \$400 value by registered mail. When you use registered mail service, you are buying protection against loss or damage. You receive a receipt and the mail's movement is monitored from the point of acceptance to delivery. You must declare the full value of your mailing when mailed, for security and insurance purposes. The registration fee includes insurance protection up to \$25,000 for domestic mail only. For an additional fee, a return receipt may be obtained showing to whom, when, and where the item was delivered. Restricted delivery service is also available (see page 7, Return Receipts).

8

Claims

If your insured, registered, COD, or Express Mail has been lost or damaged, you can file a claim. It is important, however, that you have evidence to support your claim. You can pick up the appropriate claim form from your post office and file it there. Only the mailer may file a claim for a complete loss. Either the mailer or the addressee may file a claim for a partial loss or damage. Claims must be filed within one year of mailing date, except for Express Mail claims which must be filed within 60 days of mailing.

9

Penalties are provided for making false, fictitious, or fraudulent statements in connection with this type of claim.

PRIVACY ACT: The collection of this information is authorized by 39 USC 401 and 404. This information is used in the adjudication of domestic and foreign registered mail claims. As a routine use, this information may be disclosed to appropriate foreign postal authorities, to an appropriate law enforcement authority for investigative or prosecution proceedings, to a congressional office at your request, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary; however, if this information is not provided, your claim will not be processed and you may not be indemnified.

PS Form
Dec. 1977 585

USE TYPEWRITER ONLY

ST. LOUIS, FDC

printed forms must contain, as a minimum, the same information contained on Form 3877.

932 Return Receipts

932.1 Purpose. Return receipts furnish the mailer with evidence of delivery. The fee paid for a return receipt does not insure the article against loss or damage. Return receipts may be obtained for mail which is sent COD, Express Mail, is insured for more than \$20.00, or which is registered or certified. The return receipt is returned by mail by the Postal Service to the mailer after the article is delivered to the addressee. For international return receipts, see 450 of Publication 42, *International Mail*.

932.2 Fees (In Addition to Postage and Other Fees). The fees for return receipts are:

Requested at time of mailing:	
Showing to whom (signature) and date delivered	60¢
Showing to whom (signature), date and address where delivered	70¢
Requested after mailing:	
Showing to whom and date delivered	\$3.75

932.3 Procedures at Mailing Office

.31 The sender may request a return receipt, Form 3811, at the time of mailing by informing the postal clerk or writing on the mail *Return Receipt Requested* or *Return Receipt Requested Showing Address Where Delivered*. Firm mailers will complete the mailer's entries on the form, including the article identification number, attach the form, and place the required endorsement on the article. Individual mailers will also normally complete the mailer's entries on the form, but in those cases where the article is mailed with the endorsement and the correct postage but without Form 3811 attached, the clerk will complete the form and attach it to the article.

.32 The sender may request a return receipt after mailing an article which is registered, certified, COD, Express Mail, or insured for more than \$20.00 by paying the required fee. To do so, the sender must complete Form 3811-A, *Request for Return Receipt (After Mailing)*, attach the proper postage, and mail the Form 3811-A, to the delivery post office. The sender will be provided with the date of delivery and the name of the person who signed for the article as shown in delivery records. Neither the signature of the recipient nor the address of delivery will be provided.

.33 In the event a mailer does not, after a reasonable period of time, receive a return receipt he has paid for, he may, within one year of mailing, request a duplicate if he can produce a receipt for such payment. The mailer may request the duplicate by presenting the receipt at any post office, branch, or station. The clerk will assist the customer in completing Form 3811-A, postmark it, and mail it to the delivering post office. There is no charge for obtaining such a duplicate.

.34 Payment for return receipts shall be noted on the receipt given for purchase of the COD, Express Mail, registry, certified mail, or insurance service.

932.4 Procedures at Office of Delivery

.41 Return Receipt, Form 3811

a. Delivery employees must obtain the signature of addressee or his agent. Delivery shall only be made to the addressee if so requested on the Form 3811, except as provided in 933.4. The address of delivery must be filled in only if requested on Form 3811. The delivery employee must examine the card for completeness and make any corrections necessary. Return receipts will be given to the clearing clerk daily when the carrier returns to the post office.

b. The clearing clerk must check all return receipts to make sure they are properly signed and dated. If the

mail was restricted in delivery, check to see that delivery was not made to an agent, except as provided in 933.4. If delivery was improper, have addressee sign a second return receipt. Take prompt corrective action with delivery employees if return receipts are improperly handled or completed. Postmark all return receipts legibly and mail no later than the first working day after delivery. Undeliverable articles will be handled in accordance with 159 and the appropriate endorsement will be made in block 6 of Form 3811.

.42 Request for Duplicate or Return Receipt After Mailing, Form 3811-A

a. Records of delivery must be checked and the date of delivery and name of the individual who signed for the article placed on Form 3811-A.

b. If a signed receipt is not found for certified mail, send the addressee Form 1572, *Inquiry About Receipt of International Mail*. If the reply indicates that the addressee has received the certified mail, file completed Form 1572 with Forms 3849-A or 3849-B as a receipt. The delivery information contained on Form 1572 must be used to complete Form 3811-A. If the addressee does not return completed Form 1572 within 14 days, Form 3811-A will be completed to show no record of delivery and returned to the mailer.

c. Form 3811-A must be postmarked and the postage for receipt after mailing (see 933.2) canceled. Draw a line through the address of the delivery post office on the front of Forms 3811-A (1973 and later printings) and the form mailed back to the mailer.

932.5 Refunds. Return receipt fees will only be refunded when failure to furnish a receipt was the fault of the Postal Service.

Leland & Pat [REDACTED]

[REDACTED] Street

[REDACTED], Calif. [REDACTED]



[REDACTED]

BERKELEY POLICE DEPARTMENT
2171 MCKINLEY AVENUE

HALL OF JUSTICE
644 [REDACTED]

[REDACTED]

Postal Inspector



San Francisco Division
U. S. Postal Inspection Service
P. O. Box 24005, 1675 Seventh Street
Oakland, CA 94623

(415) 273-[REDACTED] / 24 HR. (415) 556-[REDACTED]

[REDACTED]

ATTORNEY AT LAW

[REDACTED]

[REDACTED] AVENUE
OAKLAND, CALIFORNIA [REDACTED]
(415) [REDACTED]

[REDACTED]

ATTORNEY AT LAW
(415) [REDACTED]

[REDACTED] AVE.
[REDACTED], CA [REDACTED]

P.O. BOX [REDACTED]
[REDACTED], CA [REDACTED]

Exhibit E

dated 07/14/17 Page 30 of 30

date STOLEN: December 4, 1981

PS FORM 3806 Oct. 1978

REGISTERED NO. 90558

POSTMARK OF NEW YORK

Reg. Fee \$ 11.10 Special Delivery \$ 60

Handling Charge \$ 20 Return Receipt \$ 1.00

Postage \$ 20 Restricted Delivery \$ 1.00

RECEIVED BY [Signature]

AIRMAIL

MAILING OFFICE

FULL VALUE \$ 25,000.00

FROM Leland Yoshitsy

Box 4433

Berkeley, Calif. ZIP CODE 94701

TO (any) NBC Executive

30 Rockefeller Plaza

New York, NY ZIP CODE 10020

RECEIPT FOR REGISTERED MAIL (Customer Copy)

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

1. **SENDER** Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

2. The following service is requested (check one):

☒ Show to whom and date delivered

☒ Show to whom, date and address of delivery

☒ RESTRICTED DELIVERY (An additional charge is added to the return receipt fee)

TOTAL \$ 60

3. ARTICLE ADDRESSED TO:

(any) NBC EXECUTIVE

30 Rockefeller Plaza

New York, N. Y. 10020

4. TYPE OF SERVICE: ☒ REGISTERED ☐ INSURED ☐ CERTIFIED ☐ COD ☐ EXPRESS MAIL

ARTICLE NUMBER 90558

(Always obtain signature of addressee or agent)

I have received the article described above:

SIGNATURE [Signature] ☒ Addressee ☐ Authorized agent

DATE OF DELIVERY 12/4/81

POSTMARK NEW YORK

5. ADDRESSEE'S ADDRESS (only if required)

7. UNABLE TO DELIVER BECAUSE

7a. EMPLOYEE'S INITIALS

STOLEN!

Exhibit F

Date sent: December 15, 1981

date MISHANDLED: December 17, 1981

All Entries MUST be in Ball Point Pen or Typed

REGISTERED NO. 24977		POSTMARK OF BERKELEY, CALIF. DEC 15 1981 U.S. MAIL WINDOM SERVICES	
Reg. Fee \$ 6.60	Special Delivery \$	Retain Receipt \$ 6.00	Restricted Delivery \$ 1.00
Handling Charge \$	Postage \$ 20	RECEIVED BY <i>[Signature]</i>	
CUSTOMER COMPLETION (Please Print)		MAILING OFFICE	
FROM: LELAND YOSHITSU Box 4433 Berkeley, Calif.		ZIP CODE 94704	
TO: MR. DONALD L. ZACHARY - NBC Law Dept. 3000 W. Alameda Ave. Burbank, Calif.		ZIP CODE 91523	
PS FORM 3806 RECEIPT FOR REGISTERED MAIL (Customer Copy)			

address in this RETURN TO space

On reverse

(CONSULT POSTMAN)

RESTRICTED DELIVERY

The following:

☐ Show to whom delivered

☐ Show to whom delivered

☒ RESTRICTED DELIVERY

(When restricted delivery is required, the addressee must be a resident of the United States)

TOTAL \$

ARTICLE NUMBER

MR. DONALD L. ZACHARY
NBC Law Department
3000 West Alameda Avenue, Burbank
91523

TYPE OF SERVICE:

☒ REGISTERED ☐ INSURED

☐ CERTIFIED ☐ COD

☐ EXPRESS MAIL

ARTICLE NUMBER 24977

(Always obtain signature of addressee or agent)

I have received the article described above

SIGNATURE *[Signature]* ADDRESS *[Signature]*

DATE OF DELIVERY 12/17/81

POSTMAN

ADDRESSER'S ADDRESS (Only if required)

UNABLE TO DELIVER BECAUSE

EMPLOYEE INITIALS *[Signature]*

MISHANDLED

Exhibit G

date sent: December 16, 1981

date MISHANDLED: December 18, 1981

PS FORM 3806 Sept. 1979

REGISTERED NO. **80571**

POSTMARK OF **BERKELEY, CA 94704**

Reg. Fee \$ **6.60** Special Delivery \$ **6.00**

Handling Charge \$ **2.00** Return Receipt \$ **1.00**

Postage \$ **2.00** Restricted Delivery \$ **1.00**

RECEIVED BY *[Signature]*

☒ AIRMAIL

MAILING OFFICE

FULL VALUE \$ **\$10,000.00**

FROM **LELAND YOSHITSU**
Box 4433
Berkeley, Calif. **94704**

TO **(any) NBC EXECUTIVE**
3000 West Alameda Avenue
Burbank, Calif. **91523**

PS FORM 3806 Sept. 1979 RECEIPT FOR REGISTERED MAIL (Customer Copy)

PS FORM 3811, 04-1980

• SENDER: Complete Items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one):

☐ Show to whom and date delivered

☐ Show to whom, date, and address of delivery

2. ☒ RESTRICTED DELIVERY (The restricted delivery fee is charged in addition to the return receipt fee)

TOTAL \$

3. APPLICABLE ADDRESSED TO:

(any) NBC EXECUTIVE
3000 West Alameda Avenue
Burbank, Calif. 91523

4. TYPE OF SERVICE:

☒ REGISTERED ☐ INSURED

☐ CERTIFIED ☐ COPIES

☐ EXPRESS MAIL

ARTICLE NUMBER **80571**

(Always obtain signature of addressee or agent)

I have received the article described above:

SIGNATURE *[Signature]* ADDRESS *[Signature]*

DATE OF DELIVERY **12/18/81** POSTMARK

5. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE

7a. EMPLOYEE'S INITIALS *[Signature]*

MISHANDLED

Exhibit H

date sent: December 26, 1981

date MISHANDLED: December 29, 1981.

PS FORM 3808 Sept. 1979

RECEIPT FOR REGISTERED MAIL (Customer Copy)

REGISTERED NO. 24496

POSTMARK OF BERKELEY, CALIF. DEC 26 1981

Reg. Fee: \$6.60 Special Delivery: \$0.00

Handling Charge: \$0.00 Return Receipt: \$0.00

Postage: \$2.00 Restricted Delivery: \$0.00

RECEIVED BY: [Signature]

AIRMAIL

FULL VALUE: \$10,000.00

FROM: LELAND YOSHITSU, Box 4433, Berkeley, Calif. 94704

TO: (any) NBC EXECUTIVE, 3000 West Alameda Avenue, Burbank, Calif. 91523

PS Form 3808 Sept. 1979

RECEIPT FOR REGISTERED MAIL (Customer Copy)

1. SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.

2. (CONSULT POSTMASTER FOR FEES) The following service is requested (check one):

☒ Show to whom and date delivered. ☐ Show to whom, date, and address of delivery.

3. RESTRICTED DELIVERY (The restricted delivery fee is charged in addition to the return receipt fee)

TOTAL \$

4. ARTICLE ADDRESSED TO: (any) NBC EXECUTIVE, 3000 West Alameda Avenue, Burbank, Calif. 91523

5. TYPE OF SERVICE: ☒ REGISTERED, ☐ INSURED, ☐ CERTIFIED, ☐ COD, ☐ EXPRESS MAIL

ARTICLE NUMBER: 24496

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE: [Signature] ADDRESS: [Signature]

DATE OF DELIVERY: 12/29/81

POSTMARK: [Postmark]

6. ADDRESSEE'S ADDRESS (Only if required)

7. UNABLE TO DELIVER BECAUSE

7a. EMPLOYEE'S INITIALS: [Initials]

MISHANDLED

date sent: January 13, 1982

date STOLEN: January 15, 1982

REGISTERED NO. **25410**

POSTMARK OF
WINN-DIXIE
BERKELEY, CALIF.
JAN 15 1982
SERVICES

Reg. Fee \$ **29.85** Special Delivery \$
Handling Charge \$ **6.00** Return Receipt \$ **6.00**
Postage \$ **3.75** Restricted Delivery \$ **1.00**

RECEIVED BY
[Signature]

☒ AIRMAIL

MAILING OFFICE

FULL VALUE \$ **\$1,000,000.00**

FROM
LELAND YOSHITSU
Box 4433
Berkeley, Calif. ZIP CODE **94704**

TO
AUTHORIZED AGENT OF NBC
3000 West Alameda Avenue
Burbank, Calif. ZIP CODE **91523**

PS FORM 3806 Sept. 1979 RECEIPT FOR REGISTERED MAIL (Customer Copy)

RETURN RECEIPT REQUESTED

SENDER: Complete Return Address (Leave space for return address)

(CONSULT POSTMASTER FOR FEES)

1. The following services are requested (check box):
☐ Show to whom and date delivered
☐ Show to whom, date, and address of delivery
☒ **RESTRICTED DELIVERY**
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO:
 AUTHORIZED AGENT OF NBC
 3000 West Alameda Avenue
 Burbank, Calif. 91523

4. TYPE OF SERVICE:
☒ REGISTERED ☐ INSURED
☐ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER
25410

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE *[Signature]* ☒ Authorized agent

5. DATE OF DELIVERY **1-15-82** POSTMARK

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE

7a. EMPLOYEE'S INITIALS *[Signature]*


STOLEN!

Exhibit J

date sent: January 16, 1982

date STOLEN: January 19, 1982

REGISTERED NO. 80914

POSTMARK OF


POST OFFICE COMPLETION
 Reg. Fee \$ 29.85 Special Delivery \$ 60
 Handling Charge \$ 37 Return Receipt \$ 1.00
 Postage \$ 37 Restricted Delivery \$ 1.00

RECEIVED BY
gathur ☒ AIRMAIL

MAILING OFFICE

CUSTOMER COMPLETION (Please Print)
 FULL VALUE \$ \$1,000,000.00
 FROM: LELAND YOSHITSU
Box 4433
Berkeley, Calif. ZIP CODE 94704
 TO: (any) NBC EXECUTIVE
3000 West Alameda Avenue
Burbank, Calif. ZIP CODE 91523

PS FORM 3806 Sept. 1979 **RECEIPT FOR REGISTERED MAIL (Customer Copy)**

SENDER Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one):
☐ Show to whom and date delivered
☐ Show to whom, date, and address of delivery
☒ **RESTRICTED DELIVERY**
 (The mail will be delivered only to the addressee named in the return receipt.)

TOTAL \$

2. ARTICLE ADDRESSED TO:
(any) NBC EXECUTIVE
3000 West Alameda Avenue
Burbank, Calif. 91523

3. TYPE OF SERVICE:
☐ REGISTERED ☐ INSURED
☐ CERTIFIED ☐ COD
☒ **EXPRESS MAIL**

ARTICLE NUMBER:
80914

4. (Always obtain signature of addressee or agent.)
 I have received the article described above.
 SIGNATURE: NBC PR ☒ Authorized agent

DATE OF DELIVERY: 1-19-82 POSTMARK:

5. ADDRESSEE'S ADDRESS (Only if residential):

6. UNABLE TO DELIVER BECAUSE:

7. EMPLOYEE'S INITIALS: AS

STOLEN!

Exhibit K

date STOLEN: January 25, 1982

REGISTERED NO. 61607

POSTMARK OF BERKELEY CALIF 1/25/82

Reg. Fee \$ 29.85 Special Delivery \$ 60

Handling Charge \$ 29 Return Receipt \$ 60

Postage \$ 29 Restricted Delivery \$ 60

RECEIVED BY [Signature] AIRMAIL

FULL VALUE \$ \$1,000,000.00

FROM IRELAND YOSHITSU
Box 4433
Berkeley, Calif. ZIP CODE 94704

TO THE NEO EXECUTIVE FAMILY
3000 West Alameda Avenue
Barbark, Calif. ZIP CODE 91523

PS FORM 3806 RECEIPT FOR REGISTERED MAIL (Customer Copy)

SENDERS Complete form 1, 2, 3, and 4. Add your address in the RETURN TO space on reverse.

(CONSULT POSTMASTER FOR FEES)

The following service is requested (check one):

☒ Show to whom and date delivered

☐ Show to whom, date, and address of delivery

☐ RESTRICTED DELIVERY (Restrictions apply for changes in address in the return receipt fee)

TOTAL \$

ARTICLE ADDRESSED TO

THE NEO EXECUTIVE FAMILY
3000 West Alameda Avenue
Barbark, Calif. 91523

TYPE OF SERVICE

☒ REGISTERED ☐ INSURED ☐ CERTIFIED ☐ COM ☐ EXPRESS MAIL

ARTICLE NUMBER 61607

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE [Signature] ☒ Authorized agent

DATE OF DELIVERY 1-25-82

ADDRESSER'S ADDRESS (Only if required)

UNABLE TO DELIVER BECAUSE

EMPLOYEE RETURNED

STOLEN!

date STOLEN: January 25, 1982

REGISTERED NO. 6160P

POSTMARK OF BERKELEY CALIF. JAN 25 1982

Reg. Fee: \$29.85 Special Delivery: \$60

Handling Charge: \$37 Return Receipt: \$1.00

Postage: \$37 Restricted Delivery: \$1.00

RECEIVED BY Mela

AIRMAIL

MAILING OFFICE

FULL VALUE \$ 100,000.00

FROM Leland Yoshitsa
box 4433
Berkeley Calif. ZIP CODE 94704

TO The NBC Law Department
3000 West Alameda Ave.
Burbank Calif. ZIP CODE 91523

PS FORM 3808 Sept. 1979 RECEIPT FOR REGISTERED MAIL (Customer Copy)

PS Form 3811, Dec. 1980

● SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on the reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one):
☐ Show to whom and date delivered
☐ Show to whom, date, and address of delivery
☒ RESTRICTED DELIVERY
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$100

3. ARTICLE ADDRESSED TO:
 THE NBC LAW DEPARTMENT
 3000 West Alameda Avenue
 Burbank, Calif. 91523

4. TYPE OF SERVICE:
☒ REGISTERED ☐ INSURED
☐ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER 6160P

(Always obtain signature of addressee)
 I have received the article described above.
 SIGNATURE NBC AUTHORIZED AGENT

5. DATE OF DELIVERY JAN 25 1982

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7b. EMPLOYEE'S INITIALS [Signature]

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL.

STOLEN!

date STOLEN: January 26, 1982

Exhibit M
Date Sent: January 23, 1982

REGISTERED NO. 25292

POSTMARK OF
BERKELEY, CALIF.
JAN 23 1982
U.S. WINDOW SERVICES
MAILING OFFICE

Reg. Fee: \$2.85 Special Delivery \$
Handling Charge \$ Return Receipt \$
Postage \$ Restricted Delivery \$

RECEIVED BY [Signature] ☒ AIRMAIL

FULL VALUE \$ \$1,000,000.00

FROM
LELAND YOSHEITSU
Box 4433
Berkeley, Calif. ZIP CODE 94704

TO
THE NBC LAW DEPARTMENT
3000 West Alameda Avenue
Burbank, Calif. ZIP CODE 91523

PS FORM 3808 RECEIPT FOR REGISTERED MAIL (Customer Copy)
Sept. 1979

PS Form 3811, Dec. 1980

1. **SENDER** Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse. 6-3

(CONSULT POSTMASTER FOR FEES)

2. The following service is requested (check one):
☐ Show to whom and date delivered
☒ Show to whom, date, and address of delivery

3. **RESTRICTED DELIVERY** (The restricted delivery fee is charged in addition to the return receipt fee.) 7-25

TOTAL 6.70

4. ARTICLE ADDRESSED TO:
THE NBC LAW DEPARTMENT
3000 West Alameda Avenue
Burbank, Calif. 91523

5. TYPE OF SERVICE:
☒ REGISTERED ☐ INSURED
☐ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER 25292

(Always obtain signature of addressee or agent)
 I have received the article described above.
 SIGNATURE NBC PR AUTHORIZED AGENT

DATE OF DELIVERY 1-26-82

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE

7a. EMPLOYEE INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

STOLEN!

EXHIBIT N

U.S. GOVERNMENT PRINTING OFFICE: 1980-323-491

U.S. POSTAL SERVICE REGISTERED MAIL APPLICATION FOR INDEMNITY				1. CASE NO. (PDC USE ONLY)	
DECLARATION OF CLAIMANT (Complete items 2 through 10 AND SIGN IN APPROPRIATE SPACE)					
2. NAME OF SENDER (Must be the name as the return address which was placed on the article) PAYEE <input checked="" type="checkbox"/>			3. NAME OF ADDRESSEE (Must be same as shown on article) PAYEE <input type="checkbox"/>		
LELAND YOSHITSU			NBC EXECUTIVE		
STREET ADDRESS (Include Apt./Suite No.) Box 4433			STREET ADDRESS (Include Apt./Suite No.) 30 Rockefeller Plaza		
CITY AND STATE Berkeley, Calif.		ZIP CODE 94704	CITY AND STATE New York, N.Y.		ZIP CODE 10020
4. REGISTER NO. 90558		5. REASON FOR CLAIM <input type="checkbox"/> COMPLETE LOSS OF CONTENTS <input checked="" type="checkbox"/> COMPLETE LOSS <input type="checkbox"/> PARTIAL LOSS <input type="checkbox"/> DAMAGE TO ALL CONTENTS <input type="checkbox"/> PARTLY DAMAGED <input type="checkbox"/> NO COD REMITTANCE			
6. LIST BELOW ARTICLES WHICH WERE LOST, MISSING OR DAMAGED (List value, cost of duplication, etc. If claim is for damage, describe packing in detail)			7. AMOUNT CLAIMED (Do not include postage) \$ MAXIMUM (\$25,000)		
RETURN RECEIPT was <u>not</u> POSTMARKED.			NOTE: YOU MUST SUBMIT EVIDENCE OF VALUE WITH THIS CLAIM FORM 8. WAS ARTICLE COMMERCIALY INSURED BY YOU OR ADDRESSEE? (If yes, list policy number, name, and address of the insurance company and amount of insurance) no		
RETURN RECEIPT was IMPROPERLY SIGNED.					
9. IF CLAIM IS FOR DAMAGE (Location of Damaged Article)					
<input type="checkbox"/> SENDER <input type="checkbox"/> ADDRESSEE <input type="checkbox"/> POST OFFICE AT					
10. SIGNATURE OF SENDER 		DATE SIGNED March 9, 1982		TELEPHONE NO. (415) 845-2 9	
DECLARATION OF ADDRESSEE (Complete items 11 and 12)					
11. WAS ARTICLE RECEIVED BY YOU? IF YES, LIST ITEMS MISSING AND/OR DAMAGED. ALSO DESCRIBE CONDITION OF OUTSIDE CONTAINER AND PACKING DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO			12. SIGNATURE OF ADDRESSEE		
			DATE SIGNED		
			TELEPHONE NO.		
POSTMASTER MAILING OFFICE (Complete items 13 through 23)					
13. DATE MAILED (Mo., Day, Yr., Hr.) NOV. 30, 1981	14. DECLARED VALUE \$ 25,000.00	15. POSTAGE PAID \$ 20	16. FEE PAID \$ 11.10	17. HANDLING CHARGE \$	18. COD <input type="checkbox"/> YES <input type="checkbox"/> NO CHARGES \$
19. SPEC. DEL. FEE \$	20. RETURN RECEIPT REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	21. RESTRICTED DELIVERY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		BE SURE THAT EVIDENCE OF VALUE IS ATTACHED TO THIS CLAIM FORM BEFORE FORWARDING.	
22. POST OFFICE, STATE AND ZIP CODE NORTH BERKELEY, CA 94709		23. SIGNATURE OF POSTMASTER 		DATE 3-9-82	
POSTMASTER ADDRESS OFFICE (Complete items 24 through 28)					
24. POST OFFICE, STATE AND ZIP CODE			25. IF CLAIM IS FOR TOTAL LOSS DO YOU HOLD RECORD OF DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DOES ADDRESSEE ACKNOWLEDGE RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, IS WRONG DELIVERY ALLEGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
26. WAS ITEM RECEIVED AT YOUR OFFICE? (If yes, explain condition of the item upon receipt and describe packing details)			27. IF CLAIM IS FOR PARTIAL LOSS, DOES RECEIPT INDICATE DELIVERY IN BAD CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
28. SIGNATURE OF POSTMASTER		DATE			
RECEIVED FOR BY					
REGISTERED MAIL CLAIM IDENTIFICATION				FOR PDC USE ONLY	
PAYER: This slip will be used to mail your check. Payer can only be mailer or addressee, as listed in item 2 or 3. Please show any information in the "OTHER IDENTIFICATION" block that will help you match the payment check with your claim. REGISTERED ARTICLE NO. OTHER IDENTIFICATION (Invoice No., Purchase Order, etc.)				FEE CODE (38-39)	
				TOTAL VALUE (39-46)	
				MERCHANDISE CODE (47-48)	
				PAYMENT AMOUNT (49-56)	
MAIL CHECK TO (Print or type name, and address in window area below) DO NOT WRITE OUTSIDE OF DOTS				The collection of this information is authorized by 39 USC 401 and 404. This information is used in the adjudication of domestic registered mail claims. As a routine use, this information may be disclosed to appropriate foreign postal authorities, to an appropriate law enforcement authority for investigative or prosecutive purposes, to a congressional office at your request, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is not required by the NLRA.	

Exhibit 0

U.S. GOVERNMENT PRINTING OFFICE: 1986-4-22-241

2

U.S. POSTAL SERVICE REGISTERED MAIL APPLICATION FOR INDEMNITY				1. CASE NO. (POC USE ONLY)	
DECLARATION OF CLAIMANT (Complete items 2 through 10 AND SIGN IN APPROPRIATE SPACE)					
2. NAME OF SENDER (Must be the same as the return address which was placed on the article) PAYEE <input checked="" type="checkbox"/>			3. NAME OF ADDRESSEE (Must be same as shown on article) PAYEE <input type="checkbox"/>		
LELAND YOSHITSU			MR. DONALD L. ZACHARY		
STREET ADDRESS (Include Apt./Suite No.) Box 4433			STREET ADDRESS (Include Apt./Suite No.) 3000 West Alameda Avenue		
CITY AND STATE Berkeley, Calif.		ZIP CODE 94704	CITY AND STATE Burbank, Calif.		ZIP CODE 91523
4. REGISTER NO. 24977		5. REASON FOR CLAIM <input checked="" type="checkbox"/> COMPLETE LOSS OF CONTENTS <input type="checkbox"/> PARTIAL LOSS <input type="checkbox"/> COMPLETE LOSS OF CONTENTS <input type="checkbox"/> PARTLY DAMAGED <input type="checkbox"/> NO COD REMITTANCE			
6. LIST BELOW ARTICLES WHICH WERE LOST, MISSING OR DAMAGED (List value, cost of duplication, etc. If claim is for damage, describe packing in detail)			7. AMOUNT CLAIMED (Do not include postage) \$10,000.00		NOTE: YOU MUST SUBMIT EVIDENCE OF VALUE WITH THIS CLAIM FORM
RETURN RECEIPT was <u>not</u> POSTMARKED.			8. WAS ARTICLE COMMERCIALY INSURED BY YOU OR ADDRESSEE? (If yes, list policy number, name, and address of the insurance company and amount of insurance) NO		
9. IF CLAIM IS FOR DAMAGE (Location of Damaged Article) <input type="checkbox"/> SENDER <input type="checkbox"/> ADDRESSEE <input type="checkbox"/> POST OFFICE AT					
10. SIGNATURE OF SENDER 			DATE SIGNED March 9, 1982		TELEPHONE NO. (415) 845-2 9
DECLARATION OF ADDRESSEE (Complete items 11 and 12)					
11. WAS ARTICLE RECEIVED BY YOU? IF YES, LIST ITEMS MISSING AND/OR DAMAGED. ALSO DESCRIBE CONDITION OF OUTSIDE CONTAINER AND PACKING DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO			12. SIGNATURE OF ADDRESSEE DATE SIGNED TELEPHONE NO.		
POSTMASTER MAILING OFFICE (Complete items 13 through 23)					
13. DATE MAILED (Mo., Day, Yr., Hr.) DEC 15, 1981	14. DECLARED VALUE \$10,000.00	15. POSTAGE PAID \$.20	16. FEE PAID \$ 6.60	17. HANDLING CHARGE \$	18. COD <input type="checkbox"/> YES <input type="checkbox"/> NO CHARGES \$
19. SPEC. DEL. FEE \$	20. RETURN RECEIPT REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	21. RESTRICTED DELIVERY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		BE SURE THAT EVIDENCE OF VALUE IS ATTACHED TO THIS CLAIM FORM BEFORE FORWARDING.	
22. POST OFFICE, STATE AND ZIP CODE NORTH BERKELEY, CA 94709			23. SIGNATURE OF POSTMASTER 		DATE 3-9-82
POSTMASTER ADDRESS OFFICE (Complete items 24 through 28)					
24. POST OFFICE, STATE AND ZIP CODE			25. IF CLAIM IS FOR TOTAL LOSS DO YOU HOLD RECORD OF DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DOES ADDRESSEE ACKNOWLEDGE RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, IS WRONG DELIVERY ALLEGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
26. WAS ITEM RECEIVED AT YOUR OFFICE? (If yes, explain condition of the item upon receipt and describe packing details.)			27. IF CLAIM IS FOR PARTIAL LOSS, DOES RECEIPT INDICATE DELIVERY IN BAD CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
28. SIGNATURE OF POSTMASTER		DATE		RECEIVED FOR BY	
REGISTERED MAIL CLAIM IDENTIFICATION				FOR POC USE ONLY	
PAYEE: This slip will be used to mail your check. Payee can only be mailer or addressee, as listed in item 2 or 3. Please show any information in the "OTHER IDENTIFICATION" block that will help you match the payment check with your claim. REGISTERED ARTICLE NO. OTHER IDENTIFICATION (Invoice No., Purchase Order, etc.) MAIL CHECK TO (Print or type name, and address in window area below) DO NOT WRITE OUTSIDE OF DOTS				FEE CODE (36-38)	
				TOTAL VALUE (39-46)	
				MERCHANDISE CODE (47-48)	
				PAYMENT AMOUNT (49-56)	
The collection of this information is authorized by 39 USC 401 and 404. This information is used in the adjudication of domestic registered mail claims. As a routine use, this information may be disclosed to appropriate foreign postal authorities, to an appropriate law enforcement authority for investigative or prosecutive purposes, to a congressional office at your request, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the United States is a party. Completion of this					

Exhibit P

★ U.S. GOVERNMENT PRINTING OFFICE: 1979-051-865

3

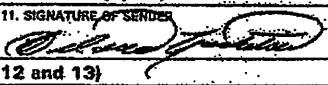
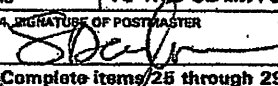
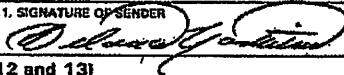
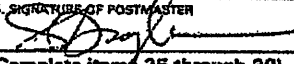
U.S. POSTAL SERVICE REGISTERED MAIL APPLICATION FOR INDEMNITY				1. CASE NO. (PDC USE ONLY)	
DECLARATION OF CLAIMANT (Complete items 2 through 10 AND SIGN IN APPROPRIATE SPACE)					
2. NAME OF SENDER (Should be the same as the return address which was placed on the article) LELAND YOSHITSU			3. NAME OF ADDRESSEE (Must be same as shown on article) NBC EXECUTIVE		
STREET ADDRESS Box 4433			STREET ADDRESS 3000 West Alameda Avenue		
CITY AND STATE Berkeley, Calif.		ZIP CODE 94704	CITY AND STATE Burbank, Calif.		ZIP CODE 91523
4. CLAIM PAYMENT SHOULD BE MAILED TO (Name) LELAND YOSHITSU			5. WAS ARTICLE COMMERCIALY INSURED BY YOU OR ADDRESSEE? (If yes, list policy number, name, and address of the insurance company and amount of insurance) no		
STREET ADDRESS Box 4433					
CITY, STATE AND ZIP CODE Berkeley, Calif. 94704					
6. REGISTER NO. 80571	7. REASON FOR CLAIM <input checked="" type="checkbox"/> COMPLETE LOSS <input type="checkbox"/> COMPLETE LOSS OF CONTENTS <input type="checkbox"/> PARTIAL LOSS <input type="checkbox"/> DAMAGE TO ALL CONTENTS <input type="checkbox"/> PARTLY DAMAGED <input type="checkbox"/> NO-COD REMITTANCE				
8. LIST BELOW ARTICLES WHICH WERE LOST, MISSING OR DAMAGED (List value, cost of duplication, etc. If claim is for damage, describe packing in detail) RETURN RECEIPT was <u>not</u> POSTMARKED.			9. AMOUNT CLAIMED (Do not include postage) \$10,000.00		NOTE: YOU MUST SUBMIT EVIDENCE OF VALUE WITH THIS CLAIM FORM
			DATE SIGNED March 9, 1982		
10. IF CLAIM IS FOR DAMAGE (Location of Damaged Article) <input type="checkbox"/> SENDER <input type="checkbox"/> ADDRESSEE <input type="checkbox"/> POST OFFICE AT _____			11. SIGNATURE OF SENDER 		
DECLARATION OF ADDRESSEE (Complete items 12 and 13)					
12. WAS ARTICLE RECEIVED BY YOU? IF YES, LIST ITEMS MISSING AND/OR DAMAGED. ALSO DESCRIBE CONDITION OF OUTSIDE CONTAINER AND PACKING DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO			13. SIGNATURE OF ADDRESSEE DATE SIGNED _____		
POSTMASTER MAILING OFFICE (Complete items 14 through 24)					
14. DATE MAILED (Mo., Day, Yr., Hr.) DEC 16, 1981	15. DECLARED VALUE \$ 10,000.00	16. POSTAGE PAID \$.20	17. FEE PAID \$.660	18. HANDLING CHARGE \$	19. COD <input type="checkbox"/> YES <input type="checkbox"/> NO CHARGES \$ _____
20. SPEC. DEL. FEE \$	21. RETURN RECEIPT REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	22. RESTRICTED DELIVERY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BE SURE THAT EVIDENCE OF VALUE IS ATTACHED TO THIS CLAIM FORM BEFORE FORWARDING.		
23. POST OFFICE, STATE AND ZIP CODE NORTH BERKELEY, CA 94709			24. SIGNATURE OF POSTMASTER 		DATE 3-9-82
POSTMASTER ADDRESS OFFICE (Complete items 25 through 29)					
25. POST OFFICE, STATE AND ZIP CODE			26. IF CLAIM IS FOR TOTAL LOSS DO YOU HOLD RECORD OF DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			IF YES, DOES ADDRESSEE ACKNOWLEDGE RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			IF NOT, IS WRONG DELIVERY ALLEGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
27. WAS ITEM RECEIVED AT YOUR OFFICE? (If yes, explain condition of the item upon receipt and describe packing details)			28. IF CLAIM IS FOR PARTIAL LOSS, DOES RECEIPT INDICATE DELIVERY IN BAD CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
			RECEIVED FOR BY _____		
			29. SIGNATURE OF POSTMASTER		DATE
INTERNATIONAL REGISTERED MAIL CLAIMS (Adjusting Exchange Office)					
30. AUTHORIZED INDEMNITY \$		31. POSTAGE REFUND (Do not include fee) \$		32. TOTAL AMOUNT \$	
33. NAME OF CERTIFYING POST OFFICE			34. SIGNATURE OF AUTHORIZED EMPLOYEE		DATE
Penalties are provided for making false, fictitious, or fraudulent statements in connection with this type of claim.					
<p>PRIVACY ACT: The collection of this information is authorized by 39 USC 401 and 404. This information is used in the adjudication of domestic and foreign registered mail claims. As a routine use, this information may be disclosed to appropriate foreign postal authorities, to an appropriate law enforcement authority for investigative or prosecution proceedings, to a congressional office at your request, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary, however, if this information is not provided, your claim will not be processed and you may not be indemnified.</p>					

Exhibit Q

★ U.S. GOVERNMENT PRINTING OFFICE: 1978-851-865

4

U.S. POSTAL SERVICE REGISTERED MAIL APPLICATION FOR INDEMNITY				1. CASE NO. (POC USE ONLY)	
DECLARATION OF CLAIMANT (Complete items 2 through 10 AND SIGN IN APPROPRIATE SPACE)					
2. NAME OF SENDER (Should be the same as the return address which was placed on the article) LELAND YOSHITSU			3. NAME OF ADDRESSEE (Must be same as shown on article) NBC EXECUTIVE		
STREET ADDRESS Box 4433			STREET ADDRESS 3000 West Alameda Avenue		
CITY AND STATE Berkeley, Calif.		ZIP CODE 94704	CITY AND STATE Burbank, Calif.		ZIP CODE 91523
4. CLAIM PAYMENT SHOULD BE MAILED TO (Name) LELAND YOSHITSU			5. WAS ARTICLE COMMERCIALY INSURED BY YOU OR ADDRESSEE? (If yes, list policy number, name, and address of the insurance company and amount of insurance) no		
STREET ADDRESS Box 4433					
CITY, STATE AND ZIP CODE Berkeley, Calif. 94704					
6. REGISTER NO. 24496	7. REASON FOR CLAIM <input checked="" type="checkbox"/> COMPLETE LOSS <input type="checkbox"/> COMPLETE LOSS OF CONTENTS <input type="checkbox"/> PARTIAL LOSS <input type="checkbox"/> DAMAGE TO ALL CONTENTS <input type="checkbox"/> PARTLY DAMAGED <input type="checkbox"/> NO COD REMITTANCE				
8. LIST BELOW ARTICLES WHICH WERE LOST, MISSING OR DAMAGED (List value, cost of duplication, etc. If claim is for damage, describe packing in detail) RETURN/RECEIPT was <u>not</u> POSTMARKED.			9. AMOUNT CLAIMED (Do not include postage) \$510,000.00		NOTE: YOU MUST SUBMIT EVIDENCE OF VALUE WITH THIS CLAIM FORM
			DATE SIGNED March 9, 1982		
10. IF CLAIM IS FOR DAMAGE (Location of Damaged Article) <input type="checkbox"/> SENDER <input type="checkbox"/> ADDRESSEE <input type="checkbox"/> POST OFFICE AT _____			11. SIGNATURE OF SENDER 		
DECLARATION OF ADDRESSEE (Complete items 12 and 13)					
12. WAS ARTICLE RECEIVED BY YOU? IF YES, LIST ITEMS MISSING AND/OR DAMAGED. ALSO DESCRIBE CONDITION OF OUTSIDE CONTAINER AND PACKING DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO			13. SIGNATURE OF ADDRESSEE DATE SIGNED _____		
POSTMASTER MAILING OFFICE (Complete items 14 through 24)					
14. DATE MAILED (Mo, Day, Yr, Hr) DEC 26 1981	15. DECLARED VALUE \$ 10,000.00	16. POSTAGE PAID \$.20	17. FEE PAID \$ 660	18. HANDLING CHARGE \$	19. COD <input type="checkbox"/> YES <input type="checkbox"/> NO CHARGES \$ _____
20. SPEC. DEL. FEE \$	21. RETURN RECEIPT REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	22. RESTRICTED DELIVERY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BE SURE THAT EVIDENCE OF VALUE IS ATTACHED TO THIS CLAIM FORM BEFORE FORWARDING.		
23. POST OFFICE, STATE AND ZIP CODE NORTH BERKELEY, CA 94709			24. SIGNATURE OF POSTMASTER 	DATE 3-9-82	
POSTMASTER ADDRESS OFFICE (Complete items 25 through 29)					
25. POST OFFICE, STATE AND ZIP CODE 			26. IF CLAIM IS FOR TOTAL LOSS DO YOU HOLD RECORD OF DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DOES ADDRESSEE ACKNOWLEDGE RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, IS WRONG DELIVERY ALLEGED? <input type="checkbox"/> YES <input type="checkbox"/> NO 28. IF CLAIM IS FOR PARTIAL LOSS, DOES RECEIPT INDICATE DELIVERY IN BAD CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
27. WAS ITEM RECEIVED AT YOUR OFFICE? (If yes, explain condition of the item upon receipt and describe packing details.) 			RECEIVED FOR BY _____ 29. SIGNATURE OF POSTMASTER _____ DATE _____		
INTERNATIONAL REGISTERED MAIL CLAIMS (Adjusting Exchange Office)					
30. AUTHORIZED INDEMNITY \$		31. POSTAGE REFUND (Do not include fee) \$		32. TOTAL AMOUNT \$	
33. NAME OF CERTIFYING POST OFFICE 			34. SIGNATURE OF AUTHORIZED EMPLOYEE 		DATE
Penalties are provided for making false, fictitious, or fraudulent statements in connection with this type of claim.					
PRIVACY ACT: The collection of this information is authorized by 39 USC 401 and 404. This information is used in the adjudication of domestic and foreign registered mail claims. As a routine use, this information may be disclosed to appropriate foreign postal authorities, to an appropriate law enforcement authority for investigative or prosecution proceedings, to a congressional office at your request, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary, however, if this information is not provided, your claim will not be processed and you may not be indemnified.					

U.S. GOVERNMENT PRINTING OFFICE: 1980 - 322-491

5

U.S. POSTAL SERVICE REGISTERED MAIL APPLICATION FOR INDEMNITY		1. CASE NO. (POC USE ONLY)
DECLARATION OF CLAIMANT (Complete items 2 through 10 AND SIGN IN APPROPRIATE SPACE)		
2. NAME OF SENDER (Must be the same as the return address which was placed on the article) PAYEE <input checked="" type="checkbox"/>		3. NAME OF ADDRESSEE (Must be same as shown on article) PAYEE <input type="checkbox"/>
LELAND YOSHITSU		AUTHORIZED AGENT OF NBC
STREET ADDRESS (Include Apt./Suite No.) Box 4433		STREET ADDRESS (Include Apt./Suite No.) 3000 West Alameda Avenue
CITY AND STATE Berkeley, Calif.	ZIP CODE 94704	CITY AND STATE Burbank, Calif.
ZIP CODE 91523		
4. REGISTER NO. 25410	5. REASON FOR CLAIM <input type="checkbox"/> COMPLETE LOSS OF CONTENTS <input checked="" type="checkbox"/> COMPLETE LOSS <input type="checkbox"/> PARTIAL LOSS <input type="checkbox"/> ALL CONTENTS <input type="checkbox"/> PARTLY DAMAGED <input type="checkbox"/> NO COD REMITTANCE	
6. LIST BELOW ARTICLES WHICH WERE LOST, MISSING OR DAMAGED (List value, cost of duplication, etc. If claim is for damage, describe packing in detail)		7. AMOUNT CLAIMED (Do not include postage) MAXIMUM (\$25,000)
RETURN RECEIPT was <u>not</u> POSTMARKED.		NOTE: YOU MUST SUBMIT EVIDENCE OF VALUE WITH THIS CLAIM FORM
RETURN RECEIPT was IMPROPERLY SIGNED.		9. WAS ARTICLE COMMERCIALY INSURED BY YOU OR ADDRESSEE? (If yes, list policy number, name, and address of the insurance company and amount of insurance) NO
IF CLAIM IS FOR DAMAGE (Location of Damaged Article)		
SENDER <input type="checkbox"/> ADDRESSEE <input type="checkbox"/> POST OFFICE AT		
8. SIGNATURE OF SENDER 		DATE SIGNED March 9, 1982
TELEPHONE NO. (415) 845-2 9		
DECLARATION OF ADDRESSEE (Complete items 11 and 12)		
11. WAS ARTICLE RECEIVED BY YOU? IF YES, LIST ITEMS MISSING AND/OR DAMAGED. ALSO DESCRIBE CONDITION OF OUTSIDE CONTAINER AND PACKING DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO		12. SIGNATURE OF ADDRESSEE
		DATE SIGNED
		TELEPHONE NO.
POSTMASTER MAILING OFFICE (Complete items 13 through 23)		
13. DATE MAILED (Mo., Day, Yr., Hr.) JAN 13, 1982	14. DECLARED VALUE \$1,000,000.00	15. POSTAGE PAID \$ 37
16. FEE PAID \$ 29.85	17. HANDLING CHARGE	18. COD <input type="checkbox"/> YES <input type="checkbox"/> NO
19. SPEC. DEL. FEE	20. RETURN RECEIPT REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	21. RESTRICTED DELIVERY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
BE SURE THAT EVIDENCE OF VALUE IS ATTACHED TO THIS CLAIM FORM BEFORE FORWARDING.		
22. POST OFFICE, STATE AND ZIP CODE NORTH BERKELEY, CA 94709		23. SIGNATURE OF POSTMASTER
DATE 3-9-82		
POSTMASTER ADDRESS OFFICE (Complete items 24 through 28)		
24. POST OFFICE, STATE AND ZIP CODE		25. IF CLAIM IS FOR TOTAL LOSS DO YOU HOLD RECORD OF DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO
26. IF YES, DOES ADDRESSEE ACKNOWLEDGE RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO		27. IF NOT, IS WRONG DELIVERY ALLEGED? <input type="checkbox"/> YES <input type="checkbox"/> NO
28. IF CLAIM IS FOR PARTIAL LOSS, DOES RECEIPT INDICATE DELIVERY IN BAD CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
29. SIGNATURE OF POSTMASTER		DATE
		RECEIVED FOR BY
REGISTERED MAIL CLAIM IDENTIFICATION		
AYEE: This slip will be used to mail your check. Payee can only be mailer or addressee, as listed in item 2 or 3. Please show any information in the "OTHER IDENTIFICATION" block that will help you match the payment check with your claim.		FOR PDC USE ONLY
REGISTERED ARTICLE NO.	OTHER IDENTIFICATION (Invoice No., Purchase Order, etc.)	FEE CODE (36-38)
		TOTAL VALUE (39-46)
		MERCHANDISE CODE (47-48)
		PAYMENT AMOUNT (49-56)
MAIL CHECK TO (Print or type name, and address in window area below) DO NOT WRITE OUTSIDE OF DOTS		The collection of this information is authorized by 39 USC 401 and 404. This information is used in the adjudication of domestic registered mail claims. As a routine use, this information may be disclosed to appropriate foreign postal authorities, to an appropriate law enforcement authority for investigative or prosecutive purposes, to a congressional office at your request, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is mandatory.

★ U.S. GOVERNMENT PRINTING OFFICE: 1979-651-565

6


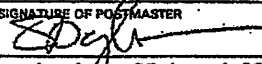
U.S. POSTAL SERVICE REGISTERED MAIL APPLICATION FOR INDEMNITY				1. CASE NO. (PDC USE ONLY)	
DECLARATION OF CLAIMANT (Complete items 2 through 10 AND SIGN IN APPROPRIATE SPACE)					
2. NAME OF SENDER (Should be the same as the return address which was placed on the article) LELAND YOSHITSU			3. NAME OF ADDRESSEE (Must be same as shown on article) NBC EXECUTIVE		
STREET ADDRESS Box 4433			STREET ADDRESS 3000 West Alameda Avenue		
CITY AND STATE Berkeley, Calif..		ZIP CODE 94704	CITY AND STATE Burbank, Calif.		ZIP CODE 91523
4. CLAIM PAYMENT SHOULD BE MAILED TO (Name) LELAND YOSHITSU			5. WAS ARTICLE COMMERCIALY INSURED BY YOU OR ADDRESSEE? (If yes, list policy number, name, and address of the insurance company and amount of insurance) NO.		
STREET ADDRESS Box 4433					
CITY, STATE AND ZIP CODE Berkeley, Calif. 94704					
6. REGISTER NO. 80914	7. REASON FOR CLAIM <input checked="" type="checkbox"/> COMPLETE LOSS <input type="checkbox"/> COMPLETE LOSS OF CONTENTS <input type="checkbox"/> DAMAGE TO ALL CONTENTS <input type="checkbox"/> PARTLY DAMAGED <input type="checkbox"/> NO COO REMITTANCE				
8. LIST BELOW ARTICLES WHICH WERE LOST, MISSING OR DAMAGED (List value, cost of duplication, etc. If claim is for damage, describe packing in detail). RETURN RECEIPT was not POSTMARKED. RETURN RECEIPT was IMPROPERLY SIGNED.			9. AMOUNT CLAIMED (Do not include postage) MAXIMUM (\$25,000.00) DATE SIGNED March 9, 1982		
10. IF CLAIM IS FOR DAMAGE (Location of Damaged Article) <input type="checkbox"/> SENDER <input type="checkbox"/> ADDRESSEE <input type="checkbox"/> POST OFFICE AT _____			11. SIGNATURE OF SENDER 		
DECLARATION OF ADDRESSEE (Complete items 12 and 13)					
12. WAS ARTICLE RECEIVED BY YOU? IF YES, LIST ITEMS MISSING AND/OR DAMAGED. ALSO DESCRIBE CONDITION OF OUTSIDE CONTAINER AND PACKING DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO			13. SIGNATURE OF ADDRESSEE DATE SIGNED 		
POSTMASTER MAILING OFFICE (Complete items 14 through 24)					
14. DATE MAILED (Mo., Day, Yr., Hr.) JAN 16, 1982	15. DECLARED VALUE \$ 1,000,000.00	16. POSTAGE PAID \$ 37	17. FEE PAID \$ 29.85	18. HANDLING CHARGE \$	19. COD <input type="checkbox"/> YES <input type="checkbox"/> NO CHARGES \$ _____
20. SPEC. DEL. FEE \$	21. RETURN RECEIPT REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	22. RESTRICTED DELIVERY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BE SURE THAT EVIDENCE OF VALUE IS ATTACHED TO THIS CLAIM FORM BEFORE FORWARDING.		
23. POST OFFICE, STATE AND ZIP CODE NORTH BERKELEY, CA 94709			24. SIGNATURE OF POSTMASTER 		DATE 3-9-82
POSTMASTER ADDRESS OFFICE (Complete items 25 through 29)					
25. POST OFFICE, STATE AND ZIP CODE 			26. IF CLAIM IS FOR TOTAL LOSS DO YOU HOLD RECORD OF DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DOES ADDRESSEE ACKNOWLEDGE RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, IS WRONG DELIVERY ALLEGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
27. WAS ITEM RECEIVED AT YOUR OFFICE? (If yes, explain condition of the item upon receipt and describe packing details.) 			28. IF CLAIM IS FOR PARTIAL LOSS, DOES RECEIPT INDICATE DELIVERY IN BAD CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain) 		
RECEIVED FOR BY 			29. SIGNATURE OF POSTMASTER DATE 		
INTERNATIONAL REGISTERED MAIL CLAIMS (Adjusting Exchange Office)					
30. AUTHORIZED INDEMNITY \$		31. POSTAGE REFUND (Do not include fee) \$		32. TOTAL AMOUNT \$	
33. NAME OF CERTIFYING POST OFFICE 			34. SIGNATURE OF AUTHORIZED EMPLOYEE DATE 		
Penalties are provided for making false, fictitious, or fraudulent statements in connection with this type of claim.					
PRIVACY ACT: The collection of this information is authorized by 39 USC 401 and 404. This information is used in the adjudication of domestic and foreign registered mail claims. As a routine use, this information may be disclosed to appropriate foreign postal authorities, to an appropriate law enforcement authority for investigative or prosecution proceedings, to a congressional office at your request, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary, however, if this information is not provided, your claim will not be processed and you may not be indemnified.					

Exhibit T

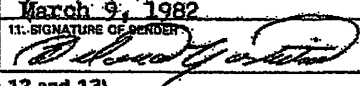
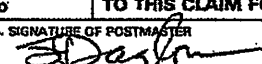
U.S. GOVERNMENT PRINTING OFFICE: 1980-323-439

7

U.S. POSTAL SERVICE REGISTERED MAIL APPLICATION FOR INDEMNITY				1. CASE NO. (PDC USE ONLY)	
DECLARATION OF CLAIMANT (Complete items 2 through 10 AND SIGN IN APPROPRIATE SPACE)					
2. NAME OF SENDER (Must be the same as the return address which was placed on the article) PAYEE <input checked="" type="checkbox"/>			3. NAME OF ADDRESSEE (Must be same as shown on article) PAYEE <input type="checkbox"/>		
LELAND YOSHITSU			NBC EXECUTIVE FAMILY		
STREET ADDRESS (Include Apt./Suite No.)			STREET ADDRESS (Include Apt./Suite No.)		
Box 4433			3000 West Alameda Avenue		
CITY AND STATE		ZIP CODE	CITY AND STATE		ZIP CODE
Berkeley, Calif.		94704	Burbank, Calif.		91523
4. REGISTER NO.		5. REASON FOR CLAIM			
61607		<input checked="" type="checkbox"/> COMPLETE LOSS <input type="checkbox"/> COMPLETE LOSS OF CONTENTS <input type="checkbox"/> PARTIAL LOSS <input type="checkbox"/> ALL CONTENTS <input type="checkbox"/> PARTLY DAMAGED <input type="checkbox"/> NO COD REMITTANCE			
6. LIST BELOW ARTICLES WHICH WERE LOST, MISSING OR DAMAGED (List value, cost of duplication, etc. If claim is for damage, describe packing in detail)			7. AMOUNT CLAIMED (Do not include postage)		
RETURN RECEIPT was IMPROPERLY SIGNED.			MAXIMUM (\$25,000) NOTE: YOU MUST SUBMIT EVIDENCE OF VALUE WITH THIS CLAIM FORM		
8. IF CLAIM IS FOR DAMAGE (Location of Damaged Article)			9. WAS ARTICLE COMMERCIAL INSURED BY YOU OR ADDRESSEE? (If yes, list policy number, name, and address of the insurance company and amount of insurance)		
<input type="checkbox"/> SENDER <input type="checkbox"/> ADDRESSEE <input type="checkbox"/> POST OFFICE AT...			no		
10. SIGNATURE OF SENDER			11. DATE SIGNED		
			March 9, 1982		
12. SIGNATURE OF ADDRESSEE			13. TELEPHONE NO.		
			(415) 845-2 9		
14. WAS ARTICLE RECEIVED BY YOU? IF YES, LIST ITEMS MISSING AND/OR DAMAGED. ALSO DESCRIBE CONDITION OF OUTSIDE CONTAINER AND PACKING DETAILS.			15. DATE SIGNED		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
POSTMASTER MAILING OFFICE (Complete items 13 through 23)					
13. DATE MAILED (Mo., Day, Yr., Hr.)	14. DECLARED VALUE	15. POSTAGE PAID	16. FEE PAID	17. HANDLING CHARGE	18. COD <input type="checkbox"/> YES <input type="checkbox"/> NO
JAN 20, 1982	\$1,000,000.00	20	\$ 29.85		CHARGES \$
19. SPEC. DEL. FEE	20. RETURN RECEIPT REQUESTED	21. RESTRICTED DELIVERY	BE SURE THAT EVIDENCE OF VALUE IS ATTACHED TO THIS CLAIM FORM BEFORE FORWARDING.		
\$	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
22. POST OFFICE, STATE AND ZIP CODE			23. SIGNATURE OF POSTMASTER		
NORTH BERKELEY CA 94709					
24. POST OFFICE, STATE AND ZIP CODE			25. IF CLAIM IS FOR TOTAL LOSS DO YOU HOLD RECORD OF DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			IF YES, DOES ADDRESSEE ACKNOWLEDGE RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			IF NOT, IS WRONG DELIVERY ALLEGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
26. WAS ITEM RECEIVED AT YOUR OFFICE? (If yes, explain condition of the item upon receipt and describe packing details)			27. IF CLAIM IS FOR PARTIAL LOSS, DOES RECEIPT INDICATE DELIVERY IN BAD CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
28. SIGNATURE OF POSTMASTER			DATE		
			3-9-82		
29. RECEIVED FOR BY					
REGISTERED MAIL CLAIM IDENTIFICATION			FOR PDC USE ONLY		
PAYEE: This slip will be used to mail your check. Payee can only be mailer or addressee, as listed in item 2 or 3. Please show any information in the "OTHER IDENTIFICATION" block that will help you match the payment check with your claim.			FEE CODE (36-38)		
REGISTERED ARTICLE NO.			TOTAL VALUE (39-46)		
OTHER IDENTIFICATION (Invoice No., Purchase Order, etc.)			MERCHANDISE CODE (47-48)		
			PAYMENT AMOUNT (49-56)		
MAIL CHECK TO (Print or type name, and address in window area below) DO NOT WRITE OUTSIDE OF DOTS			The collection of this information is authorized by 39 USC 401 and 404. This information is used in the adjudication of domestic registered mail claims. As a routine use, this information may be disclosed to appropriate foreign postal authorities, to an appropriate law enforcement authority for investigative or prosecutive purposes, to a congressional office at your request, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this		

Exhibit U

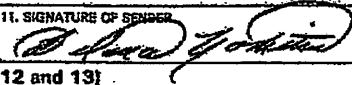
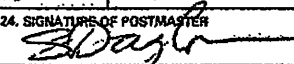
★ U.S. GOVERNMENT PRINTING OFFICE: 1979-651-565

U.S. POSTAL SERVICE REGISTERED MAIL APPLICATION FOR INDEMNITY				1. CASE NO. (POC USE ONLY)	
DECLARATION OF CLAIMANT (Complete items 2 through 10 AND SIGN IN APPROPRIATE SPACE)					
2. NAME OF SENDER (Should be the same as the return address which was placed on the article) LELAND YOSHITSU			3. NAME OF ADDRESSEE (Must be same as shown on article) NBC LAW DEPARTMENT		
STREET ADDRESS Box 4433			STREET ADDRESS 3000 West Alameda Avenue		
CITY AND STATE Berkeley, Calif.		ZIP CODE 94704	CITY AND STATE Burbank, Calif.		ZIP CODE 91523
4. CLAIM PAYMENT SHOULD BE MAILED TO (Name) LELAND YOSHITSU			5. WAS ARTICLE COMMERCIALY INSURED BY YOU OR ADDRESSEE? (If yes, list policy number, name, and address of the insurance company and amount of insurance) no		
STREET ADDRESS Box 4433					
CITY, STATE AND ZIP CODE Berkeley, Calif. 94704					
6. REGISTER NO. 61608	7. REASON FOR CLAIM <input checked="" type="checkbox"/> COMPLETE LOSS <input type="checkbox"/> PARTIAL LOSS <input type="checkbox"/> COMPLETE LOSS OF CONTENTS <input type="checkbox"/> DAMAGE TO ALL CONTENTS <input type="checkbox"/> PARTLY DAMAGED <input type="checkbox"/> NO COO REMITTANCE				
8. LIST BELOW ARTICLES WHICH WERE LOST, MISSING OR DAMAGED (List value, cost of duplication, etc. If claim is for damage, describe packing in detail) RETURN RECEIPT was IMPROPERLY SIGNED.			9. AMOUNT CLAIMED (Do not include postage) MAXIMUM (\$25,000)		NOTE: YOU MUST SUBMIT EVIDENCE OF VALUE WITH THIS CLAIM FORM
			DATE SIGNED March 9, 1982		
10. IF CLAIM IS FOR DAMAGE (Location of Damaged Article) <input type="checkbox"/> SENDER <input type="checkbox"/> ADDRESSEE <input type="checkbox"/> POST OFFICE AT _____			11. SIGNATURE OF SENDER 		
DECLARATION OF ADDRESSEE (Complete items 12 and 13)					
12. WAS ARTICLE RECEIVED BY YOU? IF YES, LIST ITEMS MISSING AND/OR DAMAGED. ALSO DESCRIBE CONDITION OF OUTSIDE CONTAINER AND PACKING DETAILS: <input type="checkbox"/> YES <input type="checkbox"/> NO			13. SIGNATURE OF ADDRESSEE DATE SIGNED _____		
POSTMASTER MAILING OFFICE (Complete items 14 through 24)					
14. DATE MAILED (Mo., Day, Yr. Br.) JAN 20 1982	15. DECLARED VALUE \$1,000.00	16. POSTAGE PAID \$29.85	17. FEE PAID \$29.85	18. HANDLING CHARGE \$ _____	19. COD <input type="checkbox"/> YES <input type="checkbox"/> NO CHARGES \$ _____
20. SPEC. DEL. FEE \$ _____	21. RETURN RECEIPT REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	22. RESTRICTED DELIVERY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BE SURE THAT EVIDENCE OF VALUE IS ATTACHED TO THIS CLAIM FORM BEFORE FORWARDING.		
23. POST OFFICE, STATE AND ZIP CODE NORTH BERKELEY, CA 94709			24. SIGNATURE OF POSTMASTER 		DATE 3-9-82
POSTMASTER ADDRESS OFFICE (Complete items 25 through 29)					
25. POST OFFICE, STATE AND ZIP CODE 			26. IF CLAIM IS FOR TOTAL LOSS DO YOU HOLD RECORD OF DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
27. WAS ITEM RECEIVED AT YOUR OFFICE? (If yes, explain condition of the item upon receipt and describe packing details.) 			IF YES, DOES ADDRESSEE ACKNOWLEDGE RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			IF NOT, IS WRONG DELIVERY ALLEGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			28. IF CLAIM IS FOR PARTIAL LOSS, DOES RECEIPT INDICATE DELIVERY IN BAD CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
			RECEIVED FOR BY _____		
			29. SIGNATURE OF POSTMASTER 		DATE
INTERNATIONAL REGISTERED MAIL CLAIMS (Adjusting Exchange Office)					
30. AUTHORIZED INDEMNITY \$ _____		31. POSTAGE REFUND (Do not include fee) \$ _____		32. TOTAL AMOUNT \$ _____	
33. NAME OF CERTIFYING POST OFFICE 		34. SIGNATURE OF AUTHORIZED EMPLOYEE 		DATE 	
Penalties are provided for making false, fictitious, or fraudulent statements in connection with this type of claim.					
PRIVACY ACT: The collection of this information is authorized by 39 USC 401 and 404. This information is used in the adjudication of domestic and foreign registered mail claims. As a routine use, this information may be disclosed to appropriate foreign postal authorities, to an appropriate law enforcement authority for investigative or prosecution proceedings, to a congressional office at your request, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary, however, if this information is not provided, your claim will not be processed and you may not be indemnified.					

B9 Form

★ U.S. GOVERNMENT PRINTING OFFICE: 1979-691-565

9

U.S. POSTAL SERVICE REGISTERED MAIL APPLICATION FOR INDEMNITY				1. CASE NO. (PDC USE ONLY)	
DECLARATION OF CLAIMANT (Complete items 2 through 10 AND SIGN IN APPROPRIATE SPACE)					
2. NAME OF SENDER (Should be the same as the return address which was placed on the article) LELAND YOSHITSU			3. NAME OF ADDRESSEE (Must be same as shown on article) NBC LAW DEPARTMENT		
STREET ADDRESS Box 4433			STREET ADDRESS 3000 West Alameda Avenue		
CITY AND STATE Berkeley, Calif.		ZIP CODE 94704	CITY AND STATE Burbank, Calif.		ZIP CODE 91523
4. CLAIM PAYMENT SHOULD BE MAILED TO (Name) LELAND YOSHITSU			5. WAS ARTICLE COMMERCIALY INSURED BY YOU OR ADDRESSEE? (If yes, list policy number, name, and address of the insurance company and amount of insurance) no		
STREET ADDRESS Box 4433					
CITY, STATE AND ZIP CODE Berkeley, Calif. 94704					
6. REGISTER NO. 25292	7. REASON FOR CLAIM <input checked="" type="checkbox"/> COMPLETE LOSS <input type="checkbox"/> COMPLETE LOSS OF CONTENTS <input type="checkbox"/> DAMAGE TO ALL CONTENTS <input type="checkbox"/> PARTIAL LOSS <input type="checkbox"/> PARTLY DAMAGED <input type="checkbox"/> NO COD REMITTANCE				
8. LIST BELOW ARTICLES WHICH WERE LOST, MISSING OR DAMAGED (List value, cost of duplication, etc. If claim is for damage, describe packing in detail) RETURN RECEIPT WAS IMPROPERLY SIGNED.			9. AMOUNT CLAIMED (Do not include postage) MAXIMUM \$(\$25,000.00)		NOTE: YOU MUST SUBMIT EVIDENCE OF VALUE WITH THIS CLAIM FORM
			DATE SIGNED March 9, 1982		
10. IF CLAIM IS FOR DAMAGE (Location of Damaged Article) <input type="checkbox"/> SENDER <input type="checkbox"/> ADDRESSEE <input type="checkbox"/> POST OFFICE AT _____			11. SIGNATURE OF SENDER 		
DECLARATION OF ADDRESSEE (Complete items 12 and 13)					
12. WAS ARTICLE RECEIVED BY YOU? IF YES, LIST ITEMS MISSING AND/OR DAMAGED. ALSO DESCRIBE CONDITION OF OUTSIDE CONTAINER AND PACKING DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO			13. SIGNATURE OF ADDRESSEE DATE SIGNED _____		
POSTMASTER MAILING OFFICE (Complete items 14 through 24)					
14. DATE MAILED (Mo., Day, Yr., Hr.) JAN 23, 1982	15. DECLARED VALUE \$1,000,000.00	16. POSTAGE PAID \$ 37	17. FEE PAID \$ 29.85	18. HANDLING CHARGE \$ _____	19. COD <input type="checkbox"/> YES <input type="checkbox"/> NO CHARGES \$ _____
20. SPEC. DEL. FEE \$ _____	21. RETURN RECEIPT REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	22. RESTRICTED DELIVERY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BE SURE THAT EVIDENCE OF VALUE IS ATTACHED TO THIS CLAIM FORM BEFORE FORWARDING.		
23. POST OFFICE, STATE AND ZIP CODE NORTH BERKELEY, CA 94709		24. SIGNATURE OF POSTMASTER 		DATE 3-9-82	
POSTMASTER ADDRESS OFFICE (Complete items 25 through 29)					
25. POST OFFICE, STATE AND ZIP CODE			26. IF CLAIM IS FOR TOTAL LOSS DO YOU HOLD RECORD OF DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
27. WAS ITEM RECEIVED AT YOUR OFFICE? (If yes, explain condition of the item upon receipt and describe packing details.)			IF YES, DOES ADDRESSEE ACKNOWLEDGE RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			IF NOT, IS WRONG DELIVERY ALLEGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			28. IF CLAIM IS FOR PARTIAL LOSS, DOES RECEIPT INDICATE DELIVERY IN BAD CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
RECEIVED FOR BY _____			29. SIGNATURE OF POSTMASTER _____		
			DATE _____		
INTERNATIONAL REGISTERED MAIL CLAIMS (Adjusting Exchange Office)					
30. AUTHORIZED INDEMNITY \$ _____		31. POSTAGE REFUND (Do not include fee) \$ _____		32. TOTAL AMOUNT \$ _____	
33. NAME OF CERTIFYING POST OFFICE			34. SIGNATURE OF AUTHORIZED EMPLOYEE		DATE
Penalties are provided for making false, fictitious, or fraudulent statements in connection with this type of claim.					
<p>PRIVACY ACT: The collection of this information is authorized by 39 USC 401 and 404. This information is used in the adjudication of domestic and foreign registered mail claims. As a routine use, this information may be disclosed to appropriate foreign postal authorities, to an appropriate law enforcement authority for investigative or prosecution proceedings, to a congressional office at your request, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary, however, if this information is not provided, your claim will not be processed and you may not be indemnified.</p>					

THE WHITE HOUSE
WASHINGTON

August 5, 2009

Leland Yoshitsu
PO Box 4433
Berkeley, California 94704

Dear Leland:

Thank you for contacting President Obama. The President appreciates your taking the time to voice your concerns and opinions.

We apologize for the delay in responding to you, and we hope that the issue you brought to the President's attention has been resolved. However, if you still need help with a Federal agency, we are pleased to assist you. Please provide our office with a brief, updated description of your issue.

You may mail a new letter to the President, but we will receive your correspondence much more quickly through the White House website at www.whitehouse.gov/contact. *If you send your message through this contact webform, choose the "Other" option from the subject menu and begin your message with "Flag Case Update."*

Please be aware that you can visit www.usa.gov or call 1-800-FEDINFO for information about government assistance.

Again, thank you for your correspondence.

Sincerely,



F. Michael Kelleher
Special Assistant to the President and
Director of Presidential Correspondence

NBC – STOLEN MAIL, CONSPIRACY, MAIL FRAUD

Dear President Obama:

Please 'check-out' the letters that I received from You (President Obama), President Clinton, Senator Hillary Clinton, Governor Schwarzenegger and more, about STOLEN MAIL by NBC (Evidence: NBC Right to Petition for Redress).

NBC violated my Constitutional Rights by STEALING my Intellectual Properties valued at over \$5,000,000.00 for the production of entertainment.

NBC engaged in CONSPIRACY and MAIL FRAUD to COVER-UP their ILLEGAL ACTIVITIES and WRONG-DOING.

NBC refused to fulfill their LEGAL OBLIGATION to complete the USPS Insurance Claims which gave them the opportunity to deny all the claims and allegations stated.

Thank You for giving me the opportunity to share these experiences that have not been resolved and properly redressed by any US Federal Law Enforcement Agency.

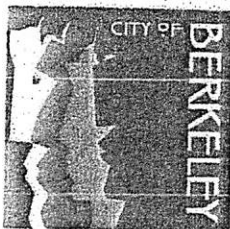
To express myself Honestly and Openly is a Right and a Privilege, for which many People throughout History have died, that Protects All of Our Freedoms and Liberties.

Thank You Again,
Leland Yoshitsu

View the complete OUR FREEDOM AND LIBERTY Document (1-36 pages)
<http://ourfreedomandliberty36.wordpress.com/> - including President Obama's August 2009 White House letter to Leland (page 2):

"Dear Leland ...we hope that the issue you brought to the President's attention has been resolved. However, if you still need help with a Federal agency, we are pleased to assist you."

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Police Department

February 17, 2011

Mr. Leland Yoshitsu

Way

Berkeley, CA 94709-2113

Dear Mr. Yoshitsu:

I want to thank you for your letter and attachments I received February 9, 2011, regarding your concerns about stolen mail.

The issue you have written about is Federal in nature and not under the jurisdiction of the Berkeley Police Department. You may wish to contact the Postal Service at the following address:

Criminal Investigations Service Center

Attn: Mail Fraud

222 S. Riverside Plaza Ste 1250

Chicago IL 60606-6100

Thank you for sharing your concerns with me.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael K. Meehan".

Michael K. Meehan

Chief of Police



SAN LEANDRO POLICE DEPARTMENT

February 23, 2011.

Mr. Leland Yoshitsu
P.O. Box 4433
Berkeley CA 94704

Dear Mr. Yoshitsu:

Thank you for your correspondence to Police Chief Sandra R. Spagnoli. The Chief appreciates comments from local citizens.

Unfortunately, your issues with the United States Postal Service do not fall under the jurisdiction of the San Leandro Police Department. I would advise that you contact your local office of the United States Postal Service Consumer Affairs at 201 13th Street, Room 228, Oakland CA 94612-9605; Telephone: 1-800-ASK-USPS; Fax : 510-622-7411.

I hope this information is of assistance to you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Debbie".

Debbie Lillard
Administrative Specialist II

/dl

Civic Center • 901 East Fourteenth Street • San Leandro, California 94577

date received: July 25, 2011

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 2.08	
Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 7.23	

Sent To
 President Obama
 Street, Apt. No.,
 or PO Box No. 1600 Pennsylvania Ave-NW
 City, State, ZIP+4 Washington DC 20500

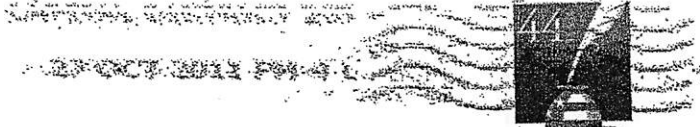
PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature THE WHITE HOUSE OFFICE WASHINGTON, D. C. 20500</p> <p>B. Received by (Printed Name) WASHINGTON, D. C. 20500</p> <p>C. Date of Delivery JUL 25 2011</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: President Obama 1600 Pennsylvania Ave-NW Washington DC 20500</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) 7010 2780 0000 9743 9898</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-11-1540

received

THE WHITE HOUSE
WASHINGTON, DC 20500



The Yoshitsue Family

Way

Berkeley California 94709

94709+2113



THE WHITE HOUSE
WASHINGTON

Thank you for your kind note. Each day, I am inspired by the thoughtful messages of hope and determination I receive from people across our country.

We will only overcome the challenges we face as a Nation if our imagination is joined to common purpose. With your help, we will build on what we have already achieved and win the future for generations to come.

Sincerely,



Exhibit EE



UNITED STATES POSTAL SERVICE
475 L'Enfant Plaza, SW
Washington, DC 20260

March 4, 1982

Mr. Leland Yoshitsu
Post Office Box 4433
Berkeley, California 94704

Dear Mr. Yoshitsu:

This is in response to the material that you addressed to Messers. Gordon Morison and Thomas Chadwick.

It is not clear from your material as to the exact nature of your difficulty. All enclosures show proper postal delivery procedures were followed in all cases. I would suggest seeking legal assistance if you have legal difficulties with NBC.

Thank you for writing.

Sincerely,

A handwritten signature in dark ink, appearing to read "Dennis J. Carroll".

Dennis J. Carroll
Consumer Affairs Associate
Office of Consumer Affairs
Customer Services Department
(202) 245-4531